Control on commercial surrogacy

2074. SHRI P. RAJEEVE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any legislation on controlling commercial surrogacy in India;

(b) if so, what are the measures taken to protect the reproductive rights of women;

(c) whether the legislation had incorporated the recommendations of the 28th report of the 18th Law Commission; and

(d) whether the enactment lays down conditions for entering into surrogacy contracts?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) and (b) No legislation on commercial surrogacy has been framed by Ministry of Health and Family Welfare. However, this Ministry has issued National Assisted Reproductive Technology (ART) Guidelines- 2005 for Accreditation, Supervision and Regulation of ART Clinics in India.

(c) and (d) Do not arise.

Achievements under NRHM

2075. SHRI D. RAJA:
SHRI M.P. ACHUTHAN:
SHRI T.K. RANGARAJAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that all major development indicators like immunization, ante-natal care, family planning in the health sector have shown negative growth in the year 2008-09 suggesting that the National Rural Health Mission (NRHM) failed to make desired impact;

(b) if so, the details of the target fixed for immunization , ante-natal care and to provide easy access to family planning methods and NRHM for the years 2007-08, 2008-09 and 2009-10 and the actual achievements for the aforesaid years; and

(c) what are the reasons for negative growth and remedial measures being taken in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NAVI AZAD): (a) No. It is not correct the conclude that the major development indicators like immunization, ante-natal care, family planning in the health sector have shown negative growth in the year 2008-09. On the other hand the NRHM has succeeded in rejuvenating the public health delivery system and has accelerated the creation of accessible, affordable, accountable, effective and reliable primary health care facilities in remote, rural areas of the country.

(b) and (c) The NRHM is a decentralised initiative for comprehensive rejuvenation of the health delivery system in partnership with the states. The states propose the activities as per local needs in the Annual Programme Implementation Plan (PIP) which are apprised and approved by the National Programme Coordination Committee (NPCC) under NRHM. As such, a wide range of activities are taken up in various states and overall goal is to address the key gaps in the system. The targets and achievements for immunization, ante-natal care and to provide easy access to family planning methods are as follows:

Parameter	2007-08	2008-09	2009-10 (till September, 2009)
(Source:- HMIS Report, MoHFW)			
Antenatal care	22414991	26153523	12603835
Family Planning	5019000	5291000	698911 (till August 2009)
Parameter	HLHS-II (2002-04)	DLHS-II (2007-08)	
Full Immunization	45.9%		54.1%

Under the NRHM, the thrust is on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels. The NRHM seeks to converge with other sectoral programmes like drinking water, education, sanitation, environment, local self Government etc. To ensure a holistic approach towards healthcare. As such, the timeline targets under NRHM relate mainly to the systemic reforms undertaken in the health sector.

The states have taken several steps to improve the coverage of immunization including strengthening of cold chain, mandatory use of auto disabled syringes, setting up alternate vaccine delivery systems etc. Similarly several steps have been taken to improve the antenatal coverage including strengthening of the outreach activities at Sub Centres, monthly Health and Nutrition days at the Aanganwadi centres, use of untied funds to ensure availability of basic equipments and furniture at Sub Centres, enhanced IEC/BCC efforts to generate awareness etc. Several steps have been undertaken to improve the family planning performance. These include establishing the loss of wages compensation packages, family welfare linked insurance scheme, insuring availability of fixed day services, additional trainings in IUCD, NSV and lap sterilisations. The availability of the bouquet of family planning services at all levels has expanded the choice for the users and improved compliance. The close involvement of ASHAs and additional ANMs at Sub Centres under NRHM have greatly improved the performance of the health system towards delivery of the basic maternal and child health services and family planning services.